

# EXHIBIT 18

**BegControl :** PUBLIX-MDLT8-000567  
80

**EndControl :** PUBLIX-MDLT8-000567  
88

**FamilyID :** PUBLIX-MDLT8-000567  
79

**Internal Reference Number :**

**Custodian :**

**Custodian - All :**

**DocDate :** 8/1/2016 12:00:00  
AM

**Document Date :**

**Date Last Modified :**

**Date Created :**

**E-Title :**

**File Name :**

**File Extension :**

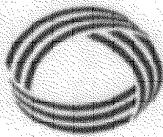
**Folder Name :** 2022.04.15 -  
PUBLIX-MDLT8\_VOL004

**Production Volume :** PUBLIX-MDLT8\_VOL004

**Number of Attachments :**

**Relativity Image Count :** 9

PLAINTIFF TRIAL  
EXHIBIT  
**P-01359**


**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

<b>Do Not Write in This Section:</b>	
Receipt #	3009122
Amount	\$100.00
Applicant #	1000000003
Mobile Date	05/01/2016

**GEORGIA BOARD OF PHARMACY**

**Address:** 2 Peachtree Street, N.W., 6<sup>th</sup> Floor, Atlanta, GA 30303  
**Telephone #:** (404) 651-8000  
**Fax #:** (678) 717-6694  
**Website:** [www.gbn-georgia.gov](http://www.gbn-georgia.gov)

**APPLICATIONS ARE VALID FOR ONE YEAR**

The fee for a name change is only \$100.00. The fee for checks returned due to non-sufficient funds is \$30.00.

**Purpose of Application:**
**License Type / Application Fee:**

- ( ) Retail Pharmacy - \$500.00 - (Georgia only)  
 ( ) Hospital Pharmacy - \$500.00 (Georgia only)  
 ( ) Retail/Home Health - \$500.00 (Georgia only)  
 ( ) Retail/PBM - \$500.00  
 ( ) Researcher Pharmacy - \$100.00  
 ( ) Opioid Treatment Clinic - \$500.00 (Georgia only)  
 ( ) Outpatient Clinic - \$500.00  
 ( ) Prison Pharmacy - \$500.00 (Georgia only)  
 (X) Wholesaler - \$1000.00  
 ( ) Reverse Distributor - \$1000.00  
 ( ) Manufacturer Pharmacy - \$1000.00  
 ( ) Nuclear Pharmacy - \$500.00  
 ( ) Remote Automated Medication System (RAMS) - \$500.00

**Purpose of Application:**

- (X) New Registration  
 ( ) Reinstatement - \$350 + late renewal fee for each renewal period missed  
 ( ) Change of Ownership  
 ( ) Change in Location  
 ( ) Change in Schedule  
 ( ) Change in Primary Person in Charge (Researcher's only) - \$100.00

Name: \_\_\_\_\_

- ( ) Change in Facility Name - \$100.00  
 Previous name: \_\_\_\_\_

Current License Number: \_\_\_\_\_

**Location of Facility:**

- ( ) IN Georgia (X) OUTSIDE Georgia

**Affiliation:**

Name or title under which business is conducted: Publix Super Markets, Inc.

(Please list legal name and d.b.a. name) (include dba between the two)

**Physical Address:** 10400 Rocket Court, Orlando, FL 32824-8560

Orange

(P.O. Box not acceptable) Number and Street City/State Zip

County

**Mailing Address:** Expense/Licenses, P.O. Box 32027, Lakeland, FL 33802-2027

Polk

(If different) Number and Street City/State Zip

407-816-5959

**Employer Identification Number:** 59-0324412

Telephone Number (Day)

**Give the name, address, and title of person to whom communication from the Board may be directed and upon whom notices and citation may be served:**

Name: Laura Slone

Title: Assistant Manager Pharmacy Compliance & Regulations

Address: 10400 Rocket Court, Orlando, FL 32824-8560

Phone #: ( 407 ) 816 - 5959

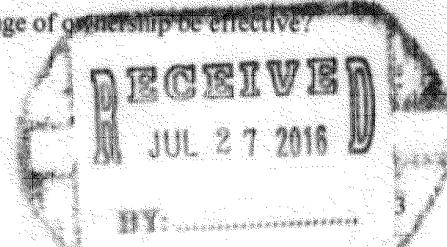
Email Address: laura.slone@publix.com

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner.

Your email address will not be shared with any third party. The contact person listed above is the only person that Board staff is authorized to speak with in regards to this application.

**Closing Date:** If filing a change of ownership application, on what date will the change of ownership be effective?

Updated: May 16, 2016



**WHOLESALE AND REVERSE DISTRIBUTOR APPLICANTS COMPLETE THIS PAGE**

1. Type of Ownership: ( ) Individual ( ) Partnership (X) Corporation

**2. State of Incorporation** Florida  
**(If Applicable)**

3. Names of Owners: If additional space is needed, use additional paper.

Randall Todd Jones  
(President's Name)

(Address)

**David Phillips**  
**(Vice President's Name)**

(Address)

**John A. Attaway, Jr.**

### **(Address)**

4. List the state(s) in which the facility(s) is located that will be supplying drugs to Georgia:

5. Which of the above-mentioned state(s) require licensure of Wholesalers or Reverse Distributors? \_\_\_\_\_

(The enclosed certification of licensure form **MUST BE** completed by each of the above state(s) and submitted with this application.)

6. Have you ever had a revoked, suspended, or otherwise sanctioned license issued by any board or agency in Georgia or any other state? ( ) Yes (X) No (If yes, please attach an explanation and certified copies of all documents and records.)

7. Have you ever been denied issuance of, or pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? ( ) Yes (X) No (If yes, please attach an explanation and certified copies of all documents and records.)

8. Have any of the owners, partners of the firm, or officers of the corporation ever been convicted of any crime under the laws of the United States, Georgia, or any other state pertaining to the manufacturing, distribution, sale or dispensing of drugs or narcotics? ( ) Yes (X) No (If yes, please attach an explanation and certified copies of all documents and records.)

**9. Do you have safeguards to prevent the sale or other distribution of dangerous drugs, prescription drugs, or narcotics to any person other than: Practitioners of the healing arts, registered drug wholesalers, distributors or suppliers, licensed pharmacists, licensed pharmacies, or carriers/warehousemen (for the purpose of carriage or storage)?**

(X) Yes ( ) No

10. Type of drugs you distribute or wish to distribute:  Dangerous Drugs (Legend Drugs)  Controlled Substances

11. Do you understand that every drug wholesaler or reverse distributor registered with the Georgia State Board of Pharmacy is required to submit reports of excessive purchases of controlled substances with the Federal Drug Enforcement Administration and shall be required to submit a copy of each report to the Georgia Drugs and Narcotics Agency? (X) Yes ( ) No

**Please Note:** The report requirements for question #11 do not apply to any wholesalers, manufacturers, or reverse distributors who only ship controlled substances directly to a licensed wholesaler within the State of Georgia.

Updated: May 16, 2016

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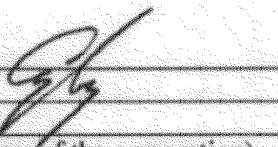
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PUBLIX-MPLT8-00056781

**WHOLESALE AND REVERSE DISTRIBUTOR APPLICANTS COMPLETE THIS PAGE**

The undersigned hereby swears, or affirms that all statements made herein are true and correct, and that all the provisions of the law and regulations based thereon will be faithfully observed during the period any permit issued may be in force and effect.

Firm Name: Publix Super Markets, Inc.

Applicant Signature: 

By: Casey D Suarez, VP Distribution

(State whether individual Owner, Partner or officer of the corporation)

Sworn and subscribed before me, this

29<sup>th</sup> day of July, 2016.

Lori Ann Breault  
Notary Public / Expiration Date/Seal



LORI ANN BREAULT  
MY COMMISSION # FF 108235  
EXPIRES: March 26, 2016  
Bonded Through Notary Services

Updated: May 16, 2016

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# State of Florida

Department of Business & Professional Regulation  
2601 BLAIR STONE ROAD  
TALLAHASSEE, FL 32399-0783

07/19/2016

DBA: null  
PUBLIX SUPER MARKETS INC  
10400 ROCKET COURT  
ORLANDO, FL 32824

## LICENSURE CERTIFICATION

For Florida Licensee:

License Type: Prescription Drug Wholesale Distributor

License Number: 2220241

Current License Status: Current

Date of License Expiration: 06/30/2017

Date of Initial License: 06/08/2016

Verify this license online at

<https://www.myfloridalicense.com/LicenseDetail.asp?SID=&id=7dc4124786eed623d423207d40908ff>

Reginald Dixon  
Director  
Florida Department of Business and Professional Regulation  
Florida Division of Drugs, Devices and Cosmetics



**AFFIDAVIT OF APPLICANT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Pharmacy and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1)  I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 16 & 17 of this application.

2)  I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Pharmacy and/or criminal prosecution.

Signature of Applicant

Date

7-20-16

Casey D Suarez  
Print Applicant's Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

Casey D. Suarez  
(Applicant's Name)

who deposes and swears that he/she is the person who executed this

application for a pharmacy license, permit, or registration in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this 20<sup>th</sup> day of July, 2016.

Notary Public Signature Lori Ann Breault

Polk

County

Florida

State

My Commission Expires: 3-22-2018

(seal)



LORI-ANN BREAULT  
MY COMMISSION # FF 106808  
EXPIRES: March 26, 2018  
Bundled By: Budget Notary Services

Updated: May 16, 2016

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**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.  
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION**

Casey D Suarez

Name

**Secure and Verifiable Documents under O.C.G.A. § 50-36-2  
Issued August 1, 2012 by the Office of the Attorney General, Georgia**

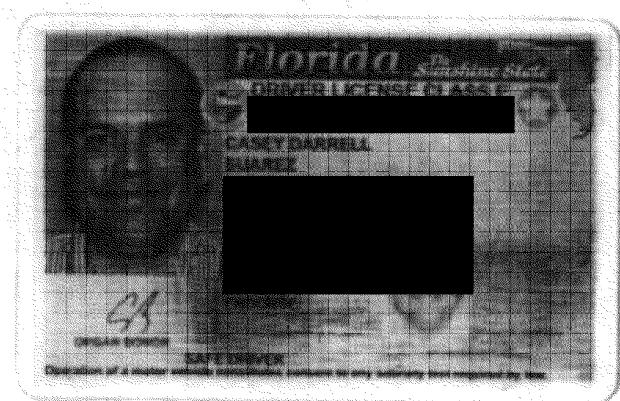
The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>  
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

Updated: May 16, 2016

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PUBLIX-MDLT8-00056786

P-01359\_8

DEA REGISTRATION NUMBER <b>RPO500391</b>	THIS REGISTRATION FEE PAID <b>\$1523</b>	
SCHEDULES <b>2,2N3 3N4.5</b>	BUSINESS ACTIVITY <b>DISTRIBUTOR</b>	DATE ISSUED <b>07-15-2016</b>
PUBLIX SUPER MARKETS, INC. ROCKET COURT WAREHOUSE 10400 ROCKET COURT ORLANDO, FL 32824		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 908) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

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DEA REGISTRATION NUMBER <b>RPO500391</b>	THIS REGISTRATION EXPIRED <b>03-31-2017</b>	FEES PAID <b>\$1523</b>
SCHEDULES <b>2,2N3 3N4.5</b>	BUSINESS ACTIVITY <b>DISTRIBUTOR</b>	DATE ISSUED <b>07-15-2016</b>
PUBLIX SUPER MARKETS, INC. ROCKET COURT WAREHOUSE 10400 ROCKET COURT ORLANDO, FL 32824		

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Form DEA-223 (05/04)



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

P-PUB-0795

**FLORIDA DRUGS, DEVICES AND COSMETICS  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

(850) 487-1395

PUBlix SUPER MARKETS INC  
ATTN: EXPENSES/LICENSE  
POST OFFICE BOX 32012  
LAKELAND FL 33802

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

**Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.**

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**DETACH HERE**

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**FLORIDA DRUGS, DEVICES AND COSMETICS**



LICENSE NUMBER	
2220241	

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR  
Named below HAS REGISTERED  
Under the provisions of Chapter 499 FS.  
Expiration date: JUN 30, 2017

PUBlix SUPER MARKETS INC  
10400 ROCKET COURT  
ORLANDO FL 32824

